U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U 1/0/6	2. Fiscal Year Covered From:
	7 / 1 / 2004 Through: 12/31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name John E Mage/hout	Name Local Do Mi. Regional Carpenters  Council  Labor Organization File Number 034/75
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, If any
Street 10219 Maple Hill R4:	Street 140 N. 64 AVE.
City Howard City	City Coopersville
State Michigan ZIP Code + 4 44329	many A and a second a second and a second an
5. Position in labor organization. FINANCIA! SECRE	TARY
nonetary value from an employer whose employees your organization.  5. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, on nonetary value from an employer whose employees your organizations.	or derived income or other economic benefit of ation represents or is actively seeking to represent.
proportional and the first and the second	7
Name	
Trade Name, if any:	
	1 1
P.O. Box, Bldg., Room No., if any	
The properties and the control of th	7.b, Amount.
P.O. Box, Bidg., Room No., if any Street	7.b. Amount.
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Street	7.b. Arrount.
Street  City  State ZIP Ccde + 4 [	7.b. Arrount.

Date

Telephone Number

Name of Person Filing John MAGE/hout	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary various substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Local #100 FRINGE BENIFIT Funds  Trade Name, if any: CAR PENITER  P.O. Box, Bldg., Room No., if any  Street L535 CENTURION DRIVE  City LANSING  State Michigan ZIP Code + 4 48917	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10 If 9.b. or 9.c. is checked give trust or employer's name.  Name:  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing.  TRUSTEE OF HEAlth CR  RECIEVED REIMBURSEMEN  CONTERENCE AND MEE	its for
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held of income received.  All Reimbur 15 metals  Expenses directly  IN my Capareity AS	incurred
	12.b. Amount.	252.55
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	1100 And 110
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing John Nagelhout	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rety seeking to represent, or irectly to, or otherwise
8. Name and address of Business (Including trade name, if any).  Name Local #100 Frings Bewitit Funds  Trade Name, if any: CARPENTER  P.O. Box, Bldg., Room No., If any  Street, 6535 CENTURION DRIVE  City LANSING  State Michigan ZIP Code + 4 48917	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City	11.a. Nature of such dealing.  TRUSTEE of FENSION FUND,  RECIEVED REIMBURSE MENTS FOR  CONTERENCE AND MEETING  EXPENSES.  11.b. Approximate dollar value of such dealing.  12.a. Nature of Interest held or Income received.  All Reimbarsesments ARE FOR  EXPENSES directly incurred in  My CAPACITY AS A TRUSTEE
C. Received from any employer (other than an employer covered unde	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
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13 b. Jo the Business of Fundamental Control to the	14.b. Amount of payment.

13.b. Is the Business an Employer { } or Consultant . ?

Name of Person Filling John NA95/hout		rile ivaniber o-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.  8. Name and address of Business (lockuding trade name, if any).  9. Business deals with:				
8. Name and address of Business (Including trade name, if arry).	9. Business deals w.tn:			
Name LOCAL #100 FRINGE BENIFIT FUNDS				
Trade Name, if any: CARPENTER	a. Labor Organizati	on		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 6525 CENTURION DRUE	¿ c. emplayer			
City LANSING				
State Michigan ZIP Code +4 48917				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such death	•		
Name SEE About	TRUSTEE OF	Apprenticeship ped Reimbursements		
Trade Name, if any:	Fund, RECIE	DEE AND MEETING		
P.O. Box, Bldg., Room No., if any	EXPENSES.			
Street				
City	11.b. Approximate dollar value 12.a. Nature of interest helc	Approximately a subject region ( ) and		
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State ZIP Code + 4				
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	my CAPACITE  12.b. Amount.  r parts A and B above)			
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	my capacity  12.b. Amount.  r parts A and B above) or other thing of value.			
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